

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	AH	917	07-17-01
FORMALITY REVIEW	17FS	1127	07-17-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Reference
 = Allowed I Appeal
 - (Through numeral)... Canceled A Objected
 ÷ Restricted O

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	102	51	101	103	102
2	103	52	102	104	103
C	104	53	103	105	104
3	105	54	104	106	105
4	106	55	105	107	106
5	107	56	106	108	107
6	108	57	107	109	108
C	109	58	108	110	109
7	110	59	109	111	110
8	111	60	110	112	111
9	112	61	111	113	112
10	113	62	112	114	113
11	114	63	113	115	114
N	115	64	114	116	115
12	116	65	115	117	116
13	117	66	116	118	117
14	118	67	117	119	118
15	119	68	118	120	119
16	120	69	119	121	120
17	121	70	120	122	121
18	122	71	121	123	122
C	123	72	122	124	123
19	124	73	123	125	124
20	125	74	124	126	125
21	126	75	125	127	126
22	127	76	126	128	127
23	128	77	127	129	128
24	129	78	128	130	129
25	130	79	129	131	130
26	131	80	130	132	131
27	132	81	131	133	132
28	133	82	132	134	133
29	134	83	133	135	134
30	135	84	134	136	135
31	136	85	135	137	136
32	137	86	136	138	137
33	138	87	137	139	138
34	139	88	138	140	139
35	140	P9	139	141	140
36	141	90	140	142	141
37	142	91	141	143	142
38	143	92	142	144	143
39	144	93	143	145	144
40	145	94	144	146	145
41	146	95	145	147	146
42	147	96	146	148	147
43	148	97	147	149	148
44	149	98	148	150	149
45	150	99	149		
46		100			
47					
48					
49					
50					

If more than 150 claims or 10 actions
staple additional sheet here

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